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**PART B - FEE(S) TRANSMITTAL**

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Maureen Stretch  
26 Charles Street  
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|                                |                    |
|--------------------------------|--------------------|
| MAUREEN STRETCH                | (Depositor's name) |
| Maureen Stretch, Reg. # 29,447 | (Signature)        |
| 10/25/104                      | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/702,050      | 10/30/2000  | JEFFREY GONKLIN      | ET00-005CIP         | 8548             |

**TITLE OF INVENTION: SYSTEM AND METHOD FOR CONTRACT AUTHORITY**

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1330    | \$0             | \$1330           | 10/25/2004 |

| EXAMINER                 | ART UNIT | CLASS-SUBCLASS |
|--------------------------|----------|----------------|
| MBINECKS DIAZ, SUSANNA M | 3623     | 705-080000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
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2. For printing on the patent front page, list  
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 the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 MAUREEN STRETCH

2 \_\_\_\_\_

3 \_\_\_\_\_

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

**(A) NAME OF ASSIGNEE**

sky Technologies, LLC

**(B) RESIDENCE: (CITY AND STATE OR COUNTRY)**

BOSTON, MA

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date)

Maureen Stretch R#29,447 10/25/104

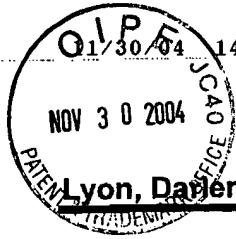
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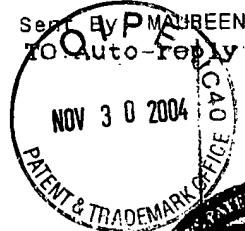
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| <p style="text-align: center;"><b>MAUREEN STRETCH</b><br/>ATTORNEY AT LAW<br/>20 CHARLES STREET<br/>Natick, MA 01760<br/>508-653-8143 • Fax: 508-651-9932<br/>e-mail: austretch@msn.com</p> <p style="text-align: center;"><b>FAX COVER SHEET</b></p> <p>To: Director of Patents and Trademarks, Mail Stop 1810/REB<br/>Or: Commissioner for Patents, P.O. Box 1450 Alexandria VA 22313-1450<br/>FAX NUMBER TRANSMITTED TO: 703-746-4000<br/>From: Maureen Stretch,<br/>CleauMaster, BT00-002/CIP Issue Fee Transmittal App Ser. No. 09/702,030<br/>Date: October 25, 2004</p> <table border="1"> <thead> <tr> <th>DOCUMENTS:</th> <th>NUMBER OF PAGES<br/>(not counting this cover sheet)</th> </tr> </thead> <tbody> <tr> <td>1. Part B Fee(s) Transmittal Issue Fee for App 09/702,030</td> <td>2</td> </tr> <tr> <td>2. . . . .</td> <td></td> </tr> <tr> <td>3. . . . .</td> <td></td> </tr> <tr> <td>4. . . . .</td> <td></td> </tr> </tbody> </table> <p>COMMENTS:<br/> Original will not follow<br/> Original will follow by US mail<br/> Please call upon receipt<br/> Response needed by:<br/> For your approval/maginations</p> <p><small>The information contained in this document may be automatically generated by software. Please use the document's text search function to find specific information. The individual names given are used only as legal names by virtue of the fact that they are used in connection with the transmission of this document. The names are not to be construed as names of any organization or person responsible for the content of this document. Any use, distribution or copying of the communication is strictly prohibited. If you are not the intended recipient, please immediately notify us by telephone and return our original message back to the sender. Thank you.</small></p> <p>• IF YOU DO NOT RECEIVE ALL PAGES, PLEASE TELEPHONE US IMMEDIATELY AT 508-653-8143<br/>CONFIDENTIALITY APPLIES IF THIS BOX IS CHECKED. <input checked="" type="checkbox"/></p> |  |                   |        | DOCUMENTS: | NUMBER OF PAGES<br>(not counting this cover sheet) | 1. Part B Fee(s) Transmittal Issue Fee for App 09/702,030 | 2 | 2. . . . . |  | 3. . . . . |  | 4. . . . . |  |
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